

Fill in this information to identify the case:

Debtor name Secure Transit, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANACase number (if known) 19-06289-JJG-7 Check if this is an amended filing

## Official Form 206Sum

### Summary of Assets and Liabilities for Non-Individuals

12/15

#### Part 1: Summary of Assets

##### 1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i> .....	\$ <u>0.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i> .....	\$ <u>17,232.84</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i> .....	\$ <u>17,232.84</u>

#### Part 2: Summary of Liabilities

##### 2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 14,034,724.96

##### 3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <u>17,816.14</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <u>464,096.34</u>

##### 4. Total liabilities .....

Lines 2 + 3a + 3b \$ 14,516,637.44

Fill in this information to identify the case:

Debtor name Secure Transit, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANACase number (if known) 19-06289-JJG-7 Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

 No. Go to Part 2. Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts (*Identify all*)

Name of institution (bank or brokerage firm) Type of account

Last 4 digits of account number

3.1. <u>Volume Submitter Profit Sharing Plan</u>	<u>401(k) - Profit Sharing Account</u>	<u>\$17,232.84</u>
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3.2. <u>Fifth Third Bank</u>	<u>Checking Account</u>	<u>4611</u>	<u>\$0.00</u>
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3.3. <u>First Financial Bank</u>	<u>Checking Account</u>	<u>1235</u>	<u>\$0.00</u>
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3.4. <u>JPMorgan Chase Bank</u>	<u>Checking Account</u>	<u>0956</u>	<u>\$0.00</u>
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4. Other cash equivalents (*Identify all*)

## 5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$17,232.84**Part 2: Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

 No. Go to Part 3. Yes Fill in the information below.

Debtor Secure Transit, LLC  
NameCase number (if known) 19-06289-JJG-7**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

No. Go to Part 4.  
 Yes Fill in the information below.

**Part 4: Investments**

13. Does the debtor own any investments?

No. Go to Part 5.  
 Yes Fill in the information below.

		Valuation method used for current value	Current value of debtor's interest
14.	Mutual funds or publicly traded stocks not included in Part 1 Name of fund or stock:		
15.	Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture Name of entity:	% of ownership	
15.1.	<u>A &amp; B Fleet Service L.L.C.</u>	<u>100</u> %	<u>Liquidation</u> <u>\$0.00</u>
15.2.	<u>Secure Trucks Sales, LLC</u>	<u>100</u> %	<u>Liquidation</u> <u>\$0.00</u>
16.	Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1 Describe:		
17.	Total of Part 4. Add lines 14 through 16. Copy the total to line 83.		<u>\$0.00</u>

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

No. Go to Part 6.  
 Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

No. Go to Part 7.  
 Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

No. Go to Part 8.  
 Yes Fill in the information below.

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

Debtor Secure Transit, LLC  
NameCase number (if known) 19-06289-JJG-7

No. Go to Part 9.  
 Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1.	<u>6 semi tractors</u>	<u>\$0.00</u>		<u>\$0.00</u>

48. Watercraft, trailers, motors, and related accessories *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*

49. Aircraft and accessories

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

<u>\$0.00</u>
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52. Is a depreciation schedule available for any of the property listed in Part 8?

No  
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

No  
 Yes

**Part 9: Real property**

54. Does the debtor own or lease any real property?

No. Go to Part 10.  
 Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

No. Go to Part 11.  
 Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites <u>www.securetransitllc.com</u>	<u>\$0.00</u>		<u>Unknown</u>
	<u>abfleetservice.com</u>	<u>Unknown</u>		<u>\$0.00</u>

62. Licenses, franchises, and royalties

63. Customer lists, mailing lists, or other compilations

Debtor Secure Transit, LLC  
NameCase number (if known) 19-06289-JJG-7

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

No  
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

No  
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

No  
 Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.  
 Yes Fill in the information below.

Debtor Secure Transit, LLC  
NameCase number (if known) 19-06289-JJG-7Part 12: **Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$17,232.84</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$17,232.84</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$17,232.84</u>

Fill in this information to identify the case:

Debtor name Secure Transit, LLCUnited States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANACase number (if known) 19-06289-JJG-7 Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?** No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form. Yes. Fill in all of the information below.**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

**2.1 Adam Phillip Bright**

Creditor's Name

5605 Mendenhall Road  
Indianapolis, IN 46241

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

2017

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

 No Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Blanket Security Agreement over all assets*Column A*

Amount of claim

Do not deduct the value of collateral.

\$375,000.00

*Column B*

Value of collateral that supports this claim

\$0.00

**2.2 Ally Bank**

Creditor's Name

Attn: Highest Ranking Officer  
200 West Civic Centre Drive  
Sandy, UT 84070

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

\$30,500.20

\$0.00

Describe the lien

Security Agreement

Is the creditor an insider or related party?

 No Yes

Is anyone else liable on this claim?

 No Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Debtor	<u>Secure Transit, LLC</u> Name	Case number (if known)	<u>19-06289-JJG-7</u>
<input checked="" type="checkbox"/> No <input type="checkbox"/> Contingent <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>2.3</b>	<b>Ally Bank</b> Creditor's Name	Describe debtor's property that is subject to a lien	<b>\$39,004.21</b> <b>\$0.00</b>
<b>PO Box 130424</b> <b>Saint Paul, MN 55113</b> Creditor's mailing address		Describe the lien	
		<b>Security Agreement</b>	
		Is the creditor an insider or related party?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
		Is anyone else liable on this claim?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)			
Last 4 digits of account number			
Do multiple creditors have an interest in the same property?		As of the petition filing date, the claim is:	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		Check all that apply	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>2.4</b>	<b>Ally Bank</b> Creditor's Name	Describe debtor's property that is subject to a lien	<b>\$68,730.54</b> <b>\$0.00</b>
<b>PO Box 130424</b> <b>Saint Paul, MN 55113</b> Creditor's mailing address		Describe the lien	
		<b>Security Agreement</b>	
		Is the creditor an insider or related party?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
		Is anyone else liable on this claim?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)			
Last 4 digits of account number			
Do multiple creditors have an interest in the same property?		As of the petition filing date, the claim is:	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.		Check all that apply	
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<b>2.5</b>	<b>Automotive Finance Corporation</b> Creditor's Name	Describe debtor's property that is subject to a lien	<b>\$86,490.01</b> <b>\$0.00</b>
<b>c/o Rubin &amp; Levin, PC</b> <b>135 N. Pennsylvania St.,</b> <b>Ste 1400</b> <b>Indianapolis, IN 46204</b> Creditor's mailing address		All personal property and assets	
		Describe the lien	
		<b>UCC</b>	

Debtor	<b>Secure Transit, LLC</b> Name	Case number (if known)	<b>19-06289-JJG-7</b>
<b>bankruptcy@autofinance.com</b> Creditor's email address, if known		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date debt was incurred <b>2019</b>		Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
Last 4 digits of account number <b>4633</b>		<b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.			
<b>2.6 Kloiber Holdings, LLC</b> Creditor's Name <b>2711 Centerville Road</b> <b>Suite 400</b> <b>Wilmington, DE 19808</b> Creditor's mailing address		Describe debtor's property that is subject to a lien <b>All personal property and assets</b>	
		<b>Describe the lien</b> <b>Security Agreement</b>	
		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date debt was incurred <b>April 1, 2017</b>		Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
Last 4 digits of account number		<b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.			
<b>2.7 Robert G. Wilkinson, III</b> Creditor's Name <b>943 S. Mineral Springs</b> <b>Road</b> <b>Centerville, IN 47330</b> Creditor's mailing address		Describe debtor's property that is subject to a lien <b>Blanket Security Agreement over all assets</b>	
		<b>Describe the lien</b> <b>Security Agreement</b>	
		Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date debt was incurred <b>2017</b>		Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
Last 4 digits of account number		<b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.			

Debtor	<u>Secure Transit, LLC</u> Name	Case number (if known)	<u>19-06289-JJG-7</u>
3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.		\$14,034,724. <u>96</u>	

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did  
you enter the related creditor?

Last 4 digits of  
account number for  
this entity

Ally Bank  
PO Box 130424  
Saint Paul, MN 55113

Line 2.2

Automotive Finance Corporation  
Attn: Highest Ranking Officer  
11299 N. Illinois Street  
Carmel, IN 46032

Line 2.5

Kloiber Holdings, LLC  
c/o Dean Dorton Allen Ford  
106 west Vine Street, Suite 600  
Lexington, KY 40507

Line 2.6

Fill in this information to identify the case:

Debtor name	<u>Secure Transit, LLC</u>
United States Bankruptcy Court for the:	<u>SOUTHERN DISTRICT OF INDIANA</u>
Case number (if known)	<u>19-06289-JJG-7</u>

Check if this is an  
amended filing

## Official Form 206E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

#### Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.  
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Frank Goss</b> <b>5625 Dollar Hide North Drive</b> <b>Indianapolis, IN 46221</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$1,000.00</u> <u>\$1,000.00</u>
	Date or dates debt was incurred <b>2019</b>	Basis for the claim: <b>401(k) claim - was employee of A&amp;B Fleet Service</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2	Priority creditor's name and mailing address <b>Indiana Department of Revenue</b> <b>100 N. Senate Ave., Room N203</b> <b>Indianapolis, IN 46204</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<u>\$2,000.00</u> <u>\$2,000.00</u>
	Date or dates debt was incurred <b>2018 - 2019</b>	Basis for the claim: <b>WTH - debt from A&amp;B Fleet Service</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Case number (if known)	19-06289-JJG-7		
2.3	Secure Transit, LLC Name Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,000.00	\$5,000.00
	Date or dates debt was incurred <b>2018 and 2019</b>	Basis for the claim: <b>RST &amp; WTH - debt from A&amp;B Fleet Service</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.4	Priority creditor's name and mailing address <b>John William Boyce 455 Hall Drive Greenwood, IN 46142</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$665.00	\$665.00
	Date or dates debt was incurred <b>2019</b>	Basis for the claim: <b>Wages - paid expenses - was employee of A&amp;B Fleet Service</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.5	Priority creditor's name and mailing address <b>John William Boyce 455 Hall Drive Greenwood, IN 46142</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,000.00	\$3,000.00
	Date or dates debt was incurred <b>2019</b>	Basis for the claim: <b>401(k) - was employee of A&amp;B Fleet Service</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.6	Priority creditor's name and mailing address <b>Larry Disher 3225 W. 75th Street Indianapolis, IN 46268</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,500.00	\$1,500.00
	Date or dates debt was incurred <b>2019</b>	Basis for the claim: <b>401(k) - was employee of A&amp;B Fleet Service</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<u>Secure Transit, LLC</u>	Case number (if known)	<u>19-06289-JJG-7</u>
Name			
2.7	Priority creditor's name and mailing address <b>Marion County Treasurer - BK</b> 200 E Washington Street Suite 1041 Indianapolis, IN 46204	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$4,651.14</b> <b>\$4,651.14</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred <b>2018 - 2019</b>		Basis for the claim: <b>Business Personal Property Taxes - debt from A&amp;B Fleet Service</b>	
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Part 2: List All Creditors with NONPRIORITY Unsecured Claims</b>			
3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.			
<b>Amount of claim</b>			
3.1	Nonpriority creditor's name and mailing address <b>Accident Fund Insurance Company</b> PO Box 40790 Lansing, MI 48901	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>Unknown</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date(s) debt was incurred <b>2019</b>		Basis for the claim: <b>Possible insurance premiums</b>	
Last 4 digits of account number <b>1563</b>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.2	Nonpriority creditor's name and mailing address <b>ADP Indianapolis</b> 3665 Priority Way South Drive Indianapolis, IN 46240	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$8,000.00</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date(s) debt was incurred <b>2018</b>		Basis for the claim: <b>Payroll services</b>	
Last 4 digits of account number <b> </b>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.3	Nonpriority creditor's name and mailing address <b>Airgas USA, LLC</b> 110 West 7th Street Suite 1400 Tulsa, OK 74119	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$3,950.08</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date(s) debt was incurred <b>2018</b>		Basis for the claim: <b>Service provider</b>	
Last 4 digits of account number <b> </b>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.4	Nonpriority creditor's name and mailing address <b>Airgas USA, LLC</b> 6055 Rockside Woods Blvd Independence, OH 44131	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$2,516.20</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date(s) debt was incurred <b>2017</b>		Basis for the claim: <b>Service provider</b>	
Last 4 digits of account number <b> </b>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.5	Nonpriority creditor's name and mailing address <b>Amston Supply, Inc.</b> c/o Matthew Mark Adolay One Indiana Square, Suite 1800 Indianapolis, IN 46204	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$0.00</b>
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date(s) debt was incurred <b>2/4/2019</b>		Basis for the claim: <b> </b>	
Last 4 digits of account number <b>0220</b>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Secure Transit, LLC Name	Case number (if known)	19-06289-JJG-7
3.6	Nonpriority creditor's name and mailing address <b>Battery Systems, Inc.</b> 12322 Monarch Street Garden Grove, CA 92841 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>5714</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Parts provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,139.45
3.7	Nonpriority creditor's name and mailing address <b>Cintas Corporation</b> 6707 W. Sam Houston Pkwy N Houston, TX 77041 Date(s) debt was incurred <u>2017</u> Last 4 digits of account number <u>6724</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business service provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,100.74
3.8	Nonpriority creditor's name and mailing address <b>Cogent Analytics, LLC</b> Attn: Highest Ranking Officer 7031 Albert Pick Road, Suite 100 Greensboro, NC 27409-9522 Date(s) debt was incurred <u>3/2019</u> Last 4 digits of account number <u>5032</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>breach of contract</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49,027.50
3.9	Nonpriority creditor's name and mailing address <b>Comcast</b> Attn: Highest Ranking Officer 1701 JFK Blvd. Philadelphia, PA 19103 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.10	Nonpriority creditor's name and mailing address <b>Fifth Third Bank</b> Attn: Highest Ranking Officer 38 Fountain Square Plaza Cincinnati, OH 45263 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.11	Nonpriority creditor's name and mailing address <b>First Financial Bank, NA</b> Attn: Highest Ranking Officer One First Financial Plaza Terre Haute, IN 47807 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.12	Nonpriority creditor's name and mailing address <b>FleetPride</b> 1140 South West Street Indianapolis, IN 46225 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Parts provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,513.45

Debtor	Secure Transit, LLC Name	Case number (if known)	19-06289-JJG-7
3.13	Nonpriority creditor's name and mailing address <b>Ford Motor Credit Company, LLC</b> Dept. 55953 PO Box 5500 Detroit, MI 48255-0953 Date(s) debt was incurred <u>8/19/2016</u> Last 4 digits of account number <u>  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>debt from A&amp;B Fleet Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,441.96</b>
3.14	Nonpriority creditor's name and mailing address <b>Ford Motor Credit Company, LLC</b> Dept. 55953 PO Box 5500 Detroit, MI 48255-0953 Date(s) debt was incurred <u>12/15/2017</u> Last 4 digits of account number <u>  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>debt from A&amp;B Fleet Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$48,045.24</b>
3.15	Nonpriority creditor's name and mailing address <b>Heartland Payroll Solutions</b> 2001 Aerospace Parkway Brookpark, OH 44142 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Payroll service provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.16	Nonpriority creditor's name and mailing address <b>Home Bank SB</b> Attn: Highest Ranking Officer 59 West Washington Street Martinsville, IN 46151 Date(s) debt was incurred <u>  </u> Last 4 digits of account number <u>  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>  </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$38,000.00</b>
3.17	Nonpriority creditor's name and mailing address <b>Horizon Bank</b> Attn: Highest Ranking Officer 515 Franklin Street Michigan City, IN 46360 Date(s) debt was incurred <u>12/5/2016</u> Last 4 digits of account number <u>6726</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>debt from A&amp;B Fleet Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$54,293.48</b>
3.18	Nonpriority creditor's name and mailing address <b>HYG Financial Services, Inc.</b> 5000 Riverside Drive Suite 300 East Irving, TX 75039 Date(s) debt was incurred <u>2/2/18</u> Last 4 digits of account number <u>4556</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>debt from A&amp;B Fleet Service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$31,093.02</b>
3.19	Nonpriority creditor's name and mailing address <b>J&amp;E Tire Center, Inc.</b> 4835 S. Harding Street Indianapolis, IN 46217 Date(s) debt was incurred <u>2016</u> Last 4 digits of account number <u>  </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>  </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

Debtor	Secure Transit, LLC	Case number (if known)	19-06289-JJG-7
3.20	<p>Nonpriority creditor's name and mailing address  <b>JPMorgan Chase Bank, NA</b>  <b>Attn: Highest Ranking Officer</b>  <b>1111 Polaris Parkway</b>  <b>Columbus, OH 43240</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
3.21	<p>Nonpriority creditor's name and mailing address  <b>Kimball Midwest</b>  <b>4800 Roberts Road</b>  <b>Columbus, OH 43228</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Parts provider</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$961.17
3.22	<p>Nonpriority creditor's name and mailing address  <b>Lake City Bank</b>  <b>Attn: Highest Ranking Officer</b>  <b>202 East Center Street</b>  <b>Warsaw, IN 46580</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
3.23	<p>Nonpriority creditor's name and mailing address  <b>Lawson Products, Inc.</b>  <b>902 S. Willow Street</b>  <b>Flora, IN 46929</b></p> <p>Date(s) debt was incurred <u>2019</u></p> <p>Last 4 digits of account number <u>0315</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Parts provider</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$1,792.70
3.24	<p>Nonpriority creditor's name and mailing address  <b>M&amp;K Truck Centers, Indy South</b>  <b>1401 Harding Court</b>  <b>Indianapolis, IN 46217</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Parts provider</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$681.30
3.25	<p>Nonpriority creditor's name and mailing address  <b>Mobil Serv Lubricant Analysis</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
3.26	<p>Nonpriority creditor's name and mailing address  <b>Outburst Web, LLC</b>  <b>333 N. Alabama Street, Ste 350</b>  <b>PMB #3392</b>  <b>Indianapolis, IN 46204</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <b>Website design</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	Unknown

Debtor	<u>Secure Transit, LLC</u> Name	Case number (if known)	<u>19-06289-JJG-7</u>
3.27	Nonpriority creditor's name and mailing address <b>Paradigm Equipment Finance, Inc.</b> Attn: Highest Ranking Officer 124 S. Fairfield Lane, Suite A Layton, UT 84041  Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.28	Nonpriority creditor's name and mailing address <b>Quill</b> 7 Techology Circle Columbia, SC 29203  Date(s) debt was incurred <u>2019</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Service provider</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$336.90</u>
3.29	Nonpriority creditor's name and mailing address <b>ReadyRefresh by Nestle</b> 6661 Dixie Hwy, Suite 4 Louisville, KY 40258  Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>7860</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Service provider</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.30	Nonpriority creditor's name and mailing address <b>S &amp; S Cab Holding Co., Inc.</b> 3801 W. Morris Street Indianapolis, IN 46241  Date(s) debt was incurred <u>6/1/2018</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Industrial Lease Agreement</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$100,000.00</u>
3.31	Nonpriority creditor's name and mailing address <b>Selective: First Insurance Group</b> 1405 N. College Ave. Bloomington, IN 47404  Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>5372</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Possible insurance premiums</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,612.00</u>
3.32	Nonpriority creditor's name and mailing address <b>Speedway Business Fleet</b> PO Box 639 Portland, ME 04104  Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>3884</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Service provider</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,354.22</u>
3.33	Nonpriority creditor's name and mailing address <b>Stay Dry Roofing, LLC d/b/a</b> Sky Tech Roofing c/o Mercer Belang 1 Indiana Square, Suite 1500 Indianapolis, IN 46204  Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>0090</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

Debtor	Secure Transit, LLC Name	Case number (if known)	19-06289-JJG-7
3.34	Nonpriority creditor's name and mailing address Travelers Property Casualty Co. PO Box 3556 Orlando, FL 32802 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>1415</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$89,083.00
3.35	Nonpriority creditor's name and mailing address Utility Trailer Sales SE Texas Inc c/o Glassman Law Firm, PLLC 1415 S Voss Suite 110-145 Houston, TX 77057 Date(s) debt was incurred <u>2019</u> Last 4 digits of account number <u>2206</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Service provider</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,153.93

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Attorney Rebecca Fischer Laderer & Fischer, PC 525 E. Colfax, Unit #101 South Bend, IN 46617	Line <u>3.17</u> <input type="checkbox"/> Not listed. Explain _____	-
4.2	Ford Motor Credit Company, LLC PO Box 62180 Colorado Springs, CO 80962-2180	Line <u>3.13</u> <input type="checkbox"/> Not listed. Explain _____	-
4.3	Ford Motor Credit Company, LLC PO Box 62180 Colorado Springs, CO 80962-2180	Line <u>3.14</u> <input type="checkbox"/> Not listed. Explain _____	-
4.4	HYG Financial Services, Inc. PO Box 14545 Des Moines, IA 50306	Line <u>3.18</u> <input type="checkbox"/> Not listed. Explain _____	-
4.5	Jon Fitzgerald Haggerty 3045 S. Meridian Street Indianapolis, IN 46217	Line <u>3.19</u> <input type="checkbox"/> Not listed. Explain _____	-
4.6	Kopka Pinkus Dolin, PC 9801 Connecticut Drive Crown Point, IN 46307	Line <u>3.8</u> <input type="checkbox"/> Not listed. Explain _____	-
4.7	Kroger Gardis & Regas, LLP 111 Monument Circle Suite 900 Indianapolis, IN 46204-5125	Line <u>3.13</u> <input type="checkbox"/> Not listed. Explain _____	-
4.8	Kroger Gardis & Regas, LLP 111 Monument Circle Suite 900 Indianapolis, IN 46204-5125	Line <u>3.14</u> <input type="checkbox"/> Not listed. Explain _____	-

Debtor	<b>Secure Transit, LLC</b> Name	Case number (if known)	<b>19-06289-JJG-7</b>
Name and mailing address		On which line in Part 1 or Part 2 is the related creditor (if any) listed?	
4.9	Lawson Products, Inc. PO Box 809401 Chicago, IL 60680-9401	Line <u>3.23</u>	Last 4 digits of account number, if any
		<input type="checkbox"/> Not listed. Explain _____	—
4.10	Robert Braiman 6018 Beckenham Way Oak Ridge, NC 27310	Line <u>3.8</u>	—
		<input type="checkbox"/> Not listed. Explain _____	—
4.11	Tuggle Duggins, P.A. 100 N. Greene Street Suite 600 Greensboro, NC 27401	Line <u>3.8</u>	—
		<input type="checkbox"/> Not listed. Explain _____	—
4.12	Wells Fargo Vendor Financial Serv. 1010 Thomas Edison Blvd. SW Cedar Rapids, IA 52404	Line <u>3.18</u>	—
		<input type="checkbox"/> Not listed. Explain _____	—
4.13	Weltman Weinberg & Reis Co LPA 525 Vine Street Suite 800 Cincinnati, OH 45202	Line <u>3.34</u>	—
		<input type="checkbox"/> Not listed. Explain _____	—
4.14	WEX Bank PO Box 6293 Carol Stream, IL 60197	Line <u>3.32</u>	—
		<input type="checkbox"/> Not listed. Explain _____	—
4.15	WEX Bank Attn: Highest Ranking Officer 7090 S Union Park Ave Suite 350 Midvale, UT 84047	Line <u>3.32</u>	—
		<input type="checkbox"/> Not listed. Explain _____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1  
 5b. Total claims from Part 2

5c. Total of Parts 1 and 2  
 Lines 5a + 5b = 5c.

Total of claim amounts	
5a. \$	<u>17,816.14</u>
5b. + \$	<u>464,096.34</u>
5c. \$	<u>481,912.48</u>

Fill in this information to identify the case:

Debtor name	Secure Transit, LLC
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF INDIANA
Case number (if known)	19-06289-JJG-7

Check if this is an  
amended filing

## Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

## 1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

## 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

## 2.1 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

## 2.2 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

## 2.3 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

## 2.4 State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Fill in this information to identify the case:

Debtor name Secure Transit, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA

Case number (if known) 19-06289-JJG-7

Check if this is an amended filing

## Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

### 1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	Adam Phillip Bright	5605 Mendenhall Road Indianapolis, IN 46241	Horizon Bank	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.17</u> <input type="checkbox"/> G _____
2.2	Robert G. Wilkinson, III	943 S. Mineral Springs Road Centerville, IN 47330	Horizon Bank	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.17</u> <input type="checkbox"/> G _____
2.3	Secure Truck Sales, LLC	c/o Attorney Thomas Szczygielski 149 N Limestone Lexington, KY 40507	Automotive Finance Corporation	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Fill in this information to identify the case:

Debtor name Secure Transit, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA

Case number (if known) 19-06289-JJG-7

Check if this is an amended filing

Official Form 202

## Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

### Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12-12-2019



Signature of individual signing on behalf of debtor

David Kloiber  
Printed name

Manager  
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Secure Transit, LLC

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA

Case number (if known) 19-06289-JJG-7

Check if this is an amended filing

## Official Form 207

### Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

#### Part 1: Income

##### 1. Gross revenue from business

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year	Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
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##### 2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
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#### Part 2: List Certain Transfers Made Before Filing for Bankruptcy

##### 3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
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##### 4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
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##### 5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

Debtor Secure Transit, LLCCase number (if known) 19-06289-JJG-7 None

Creditor's name and address

Describe of the Property

Date

Value of property

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

 None

Creditor's name and address

Description of the action creditor took

Date action was taken

Amount

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

 None.Case title  
Case number

Nature of case

Court or agency's name and address

Status of case

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

 None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000** None

Recipient's name and address

Description of the gifts or contributions

Dates given

Value

**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.** None

Description of the property lost and how the loss occurred

Amount of payments received for the loss

Dates of loss

Value of property lost

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

 None.

Debtor Secure Transit, LLCCase number (if known) 19-06289-JJG-7

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
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**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device. Do not include transfers already listed on this statement.

None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy From-To
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**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.

Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
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**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

No.

Yes. State the nature of the information collected and retained.

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

No. Go to Part 10.

Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, Official Form 207 Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy page 3

Debtor Secure Transit, LLCCase number (if known) 19-06289-JJG-7

moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

 None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

 None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

 None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

 None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.** No. Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?** No. Yes. Provide details below.

Debtor Secure Transit, LLCCase number (if known) 19-06289-JJG-7

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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24. Has the debtor notified any governmental unit of any release of hazardous material?

No.  
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**Part 13: Details About the Debtor's Business or Connections to Any Business**

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
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Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address	Date of service From-To
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26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address	If any books of account and records are unavailable, explain why
------------------	--

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No  
 Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
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28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

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page 5

Debtor Secure Transit, LLCCase number (if known) 19-06289-JJG-7

No  
 Yes. Identify below.

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No  
 Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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**31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

No  
 Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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**32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

No  
 Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
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Debtor Secure Transit, LLC

Case number (*if known*) 19-06289-JJG-7

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12-12-2019

  
Signature of individual signing on behalf of the debtor

David Kloiber

Printed name

Position or relationship to debtor Manager

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No  
 Yes